



CITY OF ROCHESTER
CERTIFICATE OF USE APPLICATION

Department of Community Development
30 Church Street - 121B
Rochester, New York 14614

To be completed by Business Owner:

Business Name: _____

Business Address: _____

Business Type: _____ Foodstore _____ Pharmacy
_____ Bar/Restaurant _____ with entertainment _____ without entertainment
_____ Take Out Restaurant

Other Related Licenses (i.e. Liquor license):

Type: _____ Number: _____

SSN/Tax ID #- _____

Business Owner/Corporation/Partnership: _____

Principals/Partners (if applicable)

Contact person

Phone number

Home Address: _____ **Phone:** _____

Mail To: _____ **Home Address** _____ **Business Address**

Property Owner: _____ **Phone:** _____

Address: _____

I understand that false statements made on this application may result in the denial or loss of the Certificate of Use.

Business Owner Signature: _____

(For City Use Only)

APPROVALS REQUIRED:

FEE: \$25.00

RFD/Fire Safety: _____ Date: _____

NET LIEUTENANT _____ Date: _____

NET ADMINISTRATOR _____ Date: _____

DCD ZONING: _____ Date: _____

Approved Hours of Operation: _____ AM/PM to _____ AM/PM

Approved MAXIMUM Occupancy: _____ (Bars/Restaurants)

Legal Use _____

Nuisance Points yes _____ No _____ # points _____

Current C/O yes _____ No _____ Date _____

Active Permits yes _____ No _____

Open cases yes _____ No _____

The above approvals must be signed and dated by the appropriate staff before the C of U will be issued.

Date of Approval: _____ Cof U#: _____